



# Center for Disaster Operations and Response FY2010-11 Annual Status Report

*Promoting and Protecting the Health of Iowans*

**State of Iowa**

Governor Terry Branstad  
Lt. Governor Kim Reynolds

**Iowa Department of Public Health**

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Department Director

**Division of Acute Disease Prevention and Emergency Response**

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Department Deputy Director  
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**Center for Disaster Operations and Response**

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## A MESSAGE FROM DR. MARIANETTE MILLER-MEEKS

Dear Fellow Iowan,

Preparedness in Iowa is a partnership that brings together a multitude of federal, state, and local agencies. Preparedness engages hospitals, local public health departments, the State Hygienic Laboratory, and other organizations such as community health centers, tribal governments, the Safeguard Iowa Partnership, local emergency management agencies, the Iowa Statewide Poison Control Center, and hundreds of local first responders and support services that participate in incidents that impact the health of Iowans. The Iowa Department of Public Health-Center for Disaster Operations and Response fulfills our mission of *Promoting and Protecting the Health of Iowans* by working with Iowa's 99 local public health departments and 118 hospitals. This is accomplished through preparedness and response funds, tools, resources, and technical assistance designed to ensure communities are prepared and can respond to any emergency.



The Iowa Department of Public Health is pleased to present the Center for Disaster Operations and Response FY2010-2011 Annual Status Report. The following pages demonstrate IDPH's commitment to preparedness and the work accomplished over the last year toward these programs.

We welcome your comments and suggestions to help us achieve our vision of *Healthy Iowans living in healthy communities*.

Dr. Marianette Miller-Meeks  
*Director, Iowa Department of Public Health*

## A NOTE FROM THE BUREAU CHIEF



This report highlights program activities that illustrate significant accomplishments in specific program areas for fiscal year 2010-2011. As you'll see in the pages ahead, preparedness planning and response activities include everything from managing and allocating resources to providing boots-on-the-ground support during emergencies affecting the health of Iowans.

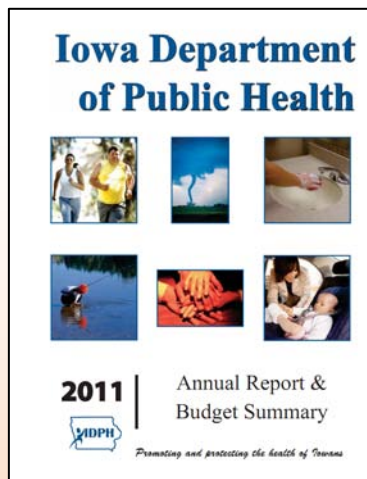
Significant changes are underway with the public health preparedness program in 2011-2012 with a move toward a capability based grant. The five-year project period will run through 2016. The hospital preparedness program is slated for changeover to the same capabilities-based approach beginning in 2012-2013.

Thank you for your continued support in promoting and protecting the health of Iowans.

Rebecca Curtiss  
*Chief, Center for Disaster Operations and Response*

## OVERVIEW

The Iowa Department of Public Health is led by Marianne Miller-Meeks, B.S.N., M.Ed., M.D. She was appointed by Governor Terry Branstad in January 2011 and joined the department with extensive experience as an educator, nurse, and physician.



More information on IDPH's divisions, bureaus, and programs can be found in the IDPH Annual Report and Budget Summary for 2011 by clicking on the report image above.

The Division of Acute Disease Prevention and Emergency Response (ADPER) was established by the 2003 Iowa Legislature and is one of six major divisions at IDPH. The division serves in a leadership capacity for the development and implementation of an integrated system of public health and healthcare services in preparedness for and response to terrorism, disaster incidents, outbreaks of infectious disease, and other public health threats. This division is responsible for the public health and hospital preparedness and response programs in Iowa and is led by Gerd Clabaugh, MPA. Clabaugh also serves as the IDPH deputy director.

ADPER provides support, technical assistance and consultation to local hospitals, public health agencies, community health centers, emergency medical service programs, the Meskwaki Tribal Nation and local health care providers regarding infectious diseases, disease prevention and control, injury prevention and public health and healthcare emergency preparedness and response. The division encompasses the Center for Acute Disease Epidemiology (CADE), the Bureau of Immunization and Tuberculosis, the Bureau of Emergency Medical Services (EMS), the Bureau of Communication and Planning, The Office of Health Information Technology, and the Center for Disaster Operations and Response (CDOR).

CDOR works with local public health, hospitals, community health centers and the Meskwaki Tribal Nation in Iowa in the development and implementation of local emergency preparedness and response plans. CDOR's objectives are to provide assistance and guidance with state and local response to public health threats and emergencies through cooperative planning and participation with multiple state, regional, and local response partners. CDOR is responsible for the Public Health Emergency Response Plans, IDPH Emergency Coordination Center (ECC), Public Health Emergency Response Teams, the Strategic National Stockpile program in Iowa, and the CHEMPACK program. Iowa's decision to house all of these programs in the same bureau has led to an integrated and cohesive response system.

CDOR also provides the management and oversight for Iowa's public health and hospital preparedness programs. These programs are administered and funded through the United States Department of Health and Human Services Assistant Secretary for Preparedness and Emergency Response (ASPR), and the U.S. Centers for Disease Control and Prevention (CDC).

Since the program's inception in 2002, CDOR has continued to collaborate with local, state, regional and federal partners to ensure Iowans are prepared for any public health emergency. Iowa's regional preparedness infrastructure is the first step in bringing our local partners together.

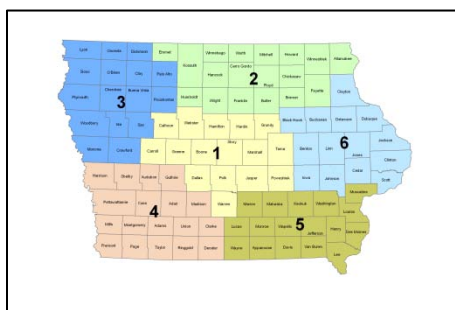
## A REGIONAL PLANNING APPROACH

### Iowa's Six Public Health Planning Regions

Preparedness planning in Iowa began in the summer of 2002 when a public health congress was held and 98 of 99 local public health agencies were represented. The purpose of the congress was to establish goals, objectives and strategies for a new public health preparedness program in Iowa following the terrorist attacks on September 11, 2001.

The outcome of the public health congress was the establishment of six planning regions and the beginning of a shared system infrastructure. Local hospitals and public health agencies established steering committees in each planning region to build relationships, discuss activities and program funding. Currently in each region, hospitals and public health agencies conduct steering committee meetings, structured in a way that best fits the needs of the agencies and hospitals in each region.

In FY2010-11, the regional public health emergency preparedness steering committees were made up of representatives from each public health agency in the region. The committees included representation from emergency management, the hospital preparedness steering committee, and emergency medical services.



The hospital preparedness steering committees included representatives from each of the hospitals within the region. The committees also included representation from emergency management, the public health preparedness steering committee, and emergency medical services. A representative from IDPH attended all regional meetings to promote information sharing between the state, the region, and local agencies.

Each regional steering committee was represented by an executive group elected by the committee. The executive groups met regularly and provided guidance and direction to the steering committee and regional staff.

Regional public health preparedness planners and regional hospital preparedness planners provided organization, technical assistance, training, and support to the regional infrastructure, local public health agencies, hospitals, community health centers, the Meskwaki Tribal Nation and steering committee members.

Regional education and exercise coordinators were responsible for coordinating education, training, and exercises within each region for local public health agencies, hospitals, community health centers, the Meskwaki Tribal Nation and environmental health agencies. These coordinators worked closely with regional and state staff to ensure that grant requirements were met at the local and regional levels. Education and exercise coordinators are shared between public health and hospital preparedness regional steering committees.

Regional epidemiologists employed by IDPH were assigned to assist local public health agencies, hospitals and community health centers in each region to plan and prepare for any type of disease outbreak or pandemic. These trained epidemiologists were available to assist in disease surveillance, outbreak investigations, and infection control in the county.

CDOR maintained contact with regional staff through regularly updated talking points provided to regional executive groups and planners who disseminate them to local public health departments and hospitals.

A listing of regional staff can be found in Figure A2 in the appendix of this report.

## IOWA'S PREPAREDNESS ADVISORY COMMITTEE

In addition to the regional infrastructure, the Preparedness Advisory Committee (PAC) advises and provides recommendations to IDPH related to the public health and hospital emergency preparedness programs. The FY2010-11 voting membership of the PAC consisted of one representative nominated by each of the regional steering committees and stakeholder agencies. See *Fig. 1* at right.

The PAC mission is to participate in the development and maintenance of a statewide, sustainable public health emergency preparedness program which integrates public health and health care services across organizational and governmental boundaries. The purpose of this committee is to provide advice and make recommendations for the planning and implementation of the public health and hospital emergency response programs for Iowa.

The committee advises IDPH on matters of policy, funding allocations and coordination of state, regional, and local agencies that are responsible for promoting and protecting the health and safety of all Iowans. The PAC reviews all public health and hospital grant applications and activities and provides advice and recommendations to CDOR. The meetings are held face-to-face in Des Moines and via webinar so representatives from around the state are able to participate without having to travel to central Iowa. In FY2010-11, PAC met three times; one face-to-face meeting in October, and twice later in the year via webinar.

Subcommittees had been established to serve as work groups to assist in establishing tools, references, and guidance documents. Each of these subcommittees was led by a chairperson elected by the subcommittee. Subcommittees active in FY2010-11 included Planning, Epidemiology and Surveillance, Education and Exercise, Risk Communication, Communication and Information Technology, and Laboratory. The Planning subcommittee also has two ad hoc committees; Strategic National Stockpile planning group and the Surge Capacity Task Force.

Although their titles are similar, their functions are different. The Preparedness Regional Alliance Committee was activated in FY2010-11 to provide a direction to IDPH for the preparedness programs in the face of continued federal funding reductions.

**Fig. 1. FY2010-11 PAC Voting Members**

Hospital Region 1 Representative	Brenda McGraw
Hospital Region 2 Representative	Thomas Craighton
Hospital Region 3 Representative	Linda Bindner
Hospital Region 4 Representative	Adam Wainwright
Hospital Region 5 Representative	Bruce Spahr
Hospital Region 6 Representative	Anne Strellner
Public Health Region 1 Representative	Jane Condon
Public Health Region 2 Representative	Betty Mallen
Public Health Region 3 Representative	Laura Beeck
Public Health Region 4 Representative	Belinda DeBolt
Public Health Region 5 Representative	Chrystal Woller
Public Health Region 6 Representative	Tricia Kitzmann
Iowa Hospital Association	Art Spies
Iowa Medical Society	Dr. Johnathon Simmons
Iowa National Guard	Allyn Gronewold
Iowa Nurses Association	Linda Opheim
Iowa Osteopathic Medical Assoc.	Leah McWilliams
Iowa Pharmacy Association	Jessica Smith
Iowa Poison Control Center	Dr. Ed Bottei (Chair)
Iowa Emergency Medical Services Assoc.	Cherri Wright
Iowa Emergency Management Assoc.	Bridget Moe
Iowa Counties Public Health Assoc.	Julie Schilling
Iowa Environmental Health Assoc.	Lindsay Gorishek
Mental Health Association	Kathy Johnson
Safeguard Iowa Partnership	Bob Swanson
School Administrators of Iowa	Dan Smith
State Hygienic Laboratory	Dr. Mike Pentella
Veterans Health Administration	Marj Hedstrom
Center for Food Security and Public Health	Chery Eia
Upper Midwest Center for Public Health Preparedness	Chris Atchison

### **FY2010-11 PAC Non-Voting Member Agencies**

Iowa Department of Public Health
Iowa Department of Natural Resources
Iowa Department of Elder Affairs
Iowa Department of Education
Iowa Department of Agriculture and Land Stewardship
Homeland Security and Emergency Management Division



## PREPAREDNESS REGIONAL ALLIANCE COMMITTEE

As national guidance for emergency preparedness grants evolves and federal grant funding in Iowa decreases over time, the opportunity arose to evaluate preparedness programs and activities in an effort to focus resources where they are most effective. Iowa's Preparedness Regional Alliance Committee was reactivated in October 2010 to review Iowa's preparedness resources and determine their long-term sustainability in the face of continued funding reductions. The committee was previously active in 2005-2006.

### Public Health and Hospital Preparedness Priorities Report to Iowa Department of Public Health



Submitted by  
Preparedness Regional Alliance Committee

August 2011

**The Committee's detailed findings and recommendations are outlined in the Preparedness Regional Alliance Committee report released in August, 2011.**

The membership of the Preparedness Regional Alliance Committee consisted of one public health and one hospital representative from each of Iowa's six preparedness planning regions, and representatives from the State Hygienic Laboratory, the Iowa Statewide Poison Control Center, and IDPH. See Fig. 2 below.

Beginning in early 2011, through a competitive bid process, IDPH contracted with the State Public Policy Group (SPPG) to facilitate these discussions. In February 2011, the Committee and SPPG began meeting in monthly work sessions to review and update the inventory of critical infrastructure and activities, priorities, and recommendations for continued support with preparedness funding. The priorities and recommendations reflect a collaborative process by members of the Committee that included six committee work sessions, small group work, information sharing and gathering by committee members in their regions, and detailed deliberation on the important activities of

preparedness in Iowa. The Preparedness Regional Alliance Committee completed its charge in August 2011 with the issuance of the *Public Health and Hospital Preparedness Priorities* report detailing the committee's finding and recommendations in the coming years. The report was delivered to Dr. Miller-Meeks for review.

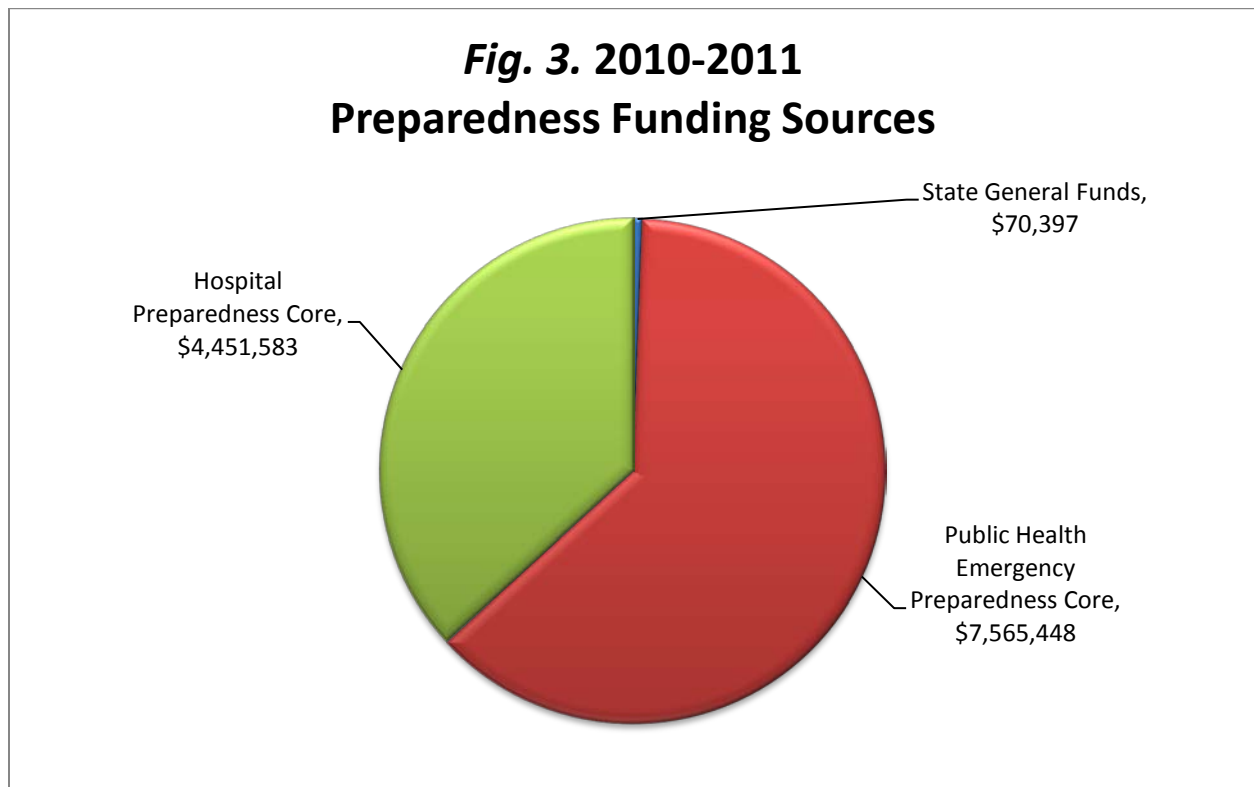
**Fig. 2. Regional Preparedness Alliance Committee Membership**

Jane Condon Region 1 Public Health	Sheri Bowen Region 4 Public Health	Mike Pentella State Hygienic Lab
John Bartello Region 1 Hospitals	Joe Dukes Region 4 Hospitals	Ed Bottei Iowa Statewide Poison Control Center
Jennifer Becker Region 2 Public Health	Ray Brownsworth Region 5 Hospitals	Rebecca Curtiss IDPH-CDOR
Scott Curtis Region 2 Hospitals	Kim Dorn Region 5 Public Health	Judy Goddard IDPH-CADE
June Delashmutt / Kevin Grieme Region 3 Public Health	Tricia Kitzmann Region 6 Public Health	Alison Walding IDPH-CDOR
Jenni Sohm Region 3 Hospitals	Anne Strellner Region 6 Hospitals	Diane Williams IDPH-CDOR

## PREPAREDNESS FUNDING

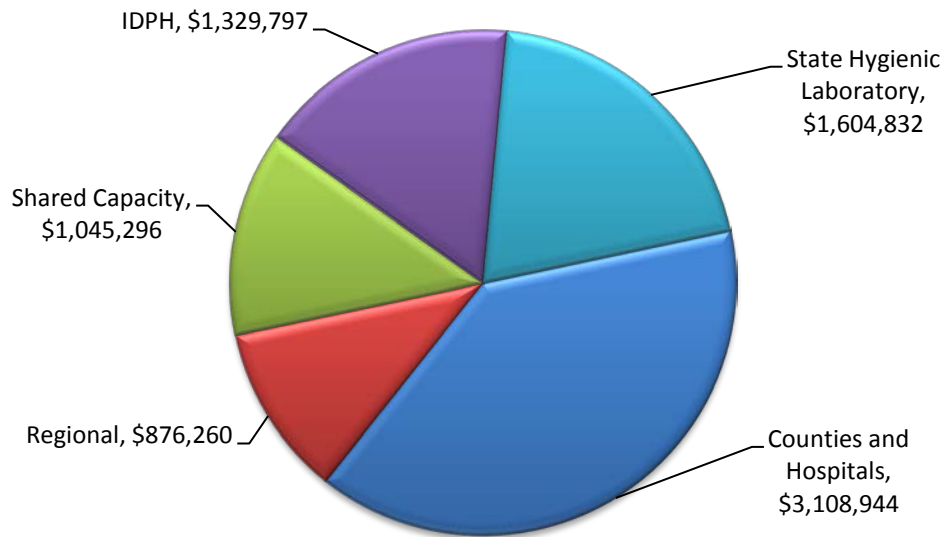
Iowa received federal funding to conduct planning efforts and sustain infrastructure at the state, regional and local levels in FY2010-11. The vast majority of CDOR's funding came from cooperative agreements from the United States Department of Health and Human Services (HHS) and the U.S. Centers for Disease Control and Prevention. CDOR also received funding from the state General Fund to support portions of the antiviral program. Preparedness program FY2010-11 funding sources and distribution as shown in *Fig. 3* through 6 are as follows:

- Public Health Emergency Preparedness core funding: **\$7,565,448**;
- Hospital Preparedness Program core funding: **\$4,451,583**;
- State General Fund, Antiviral program: **\$70,397**;
- 2009 H1N1 Influenza Response Funding (received in 2009, 2010, and 2011) **\$15,436,342**; and
- Pandemic Influenza Healthcare Preparedness Improvements for States: **\$880,894**. This was one-time funding to build hospital infrastructure for the 2009 H1N1 pandemic. This funding was received in 2009 and 2010, but is included in this report along with the Public Health Emergency Response funding received in 2009, 2010 and 2011 as part of the total H1N1 pandemic influenza funding Iowa received.





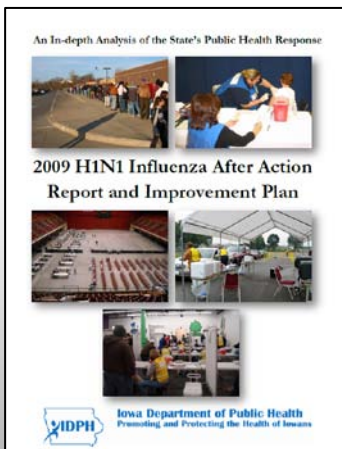
**Fig. 4. 2010-2011 Preparedness Core Funding Distribution**



## 2009-2011 H1N1 INFLUENZA FUNDING

The U.S. Department of Health and Human Services and the U.S. Centers for Disease Control and Prevention released more than \$16 million in emergency, one-time funding for Iowa to respond to the H1N1 influenza pandemic in FY2009-10. While the bulk of that funding was received in FY2009-10, a portion was approved for carryover to FY2010-11. The carryover funds were to be used to address several areas of improvement identified by local public health agencies during the pandemic.

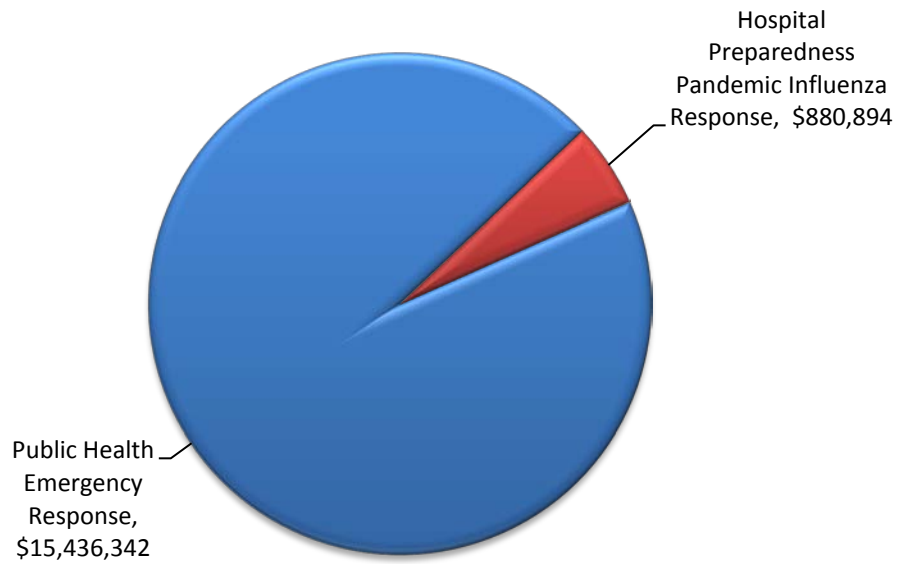
In FY2010-11, local public health agencies were asked to conduct a review of their H1N1 response in FY2009-10 and draft an improvement plan based on their findings. These reports identified that the core of the response to the H1N1 influenza pandemic was highly successful, but with every response the opportunity to learn and identify areas of improvement exists. Local public health agencies identified a number of improvements that could be made in five broad categories: points of dispensing, risk communication, training and education, supplies, and internal communications. Agencies were encouraged to work with their local partners in developing these reports and identifying deficiencies. An expense-based contract and workplan was issued to each county detailing expected activities and outcome expectations for each category. As with the emergency *preparedness* grants, IDPH staff reviewed each workplan and progress report throughout the grant period.



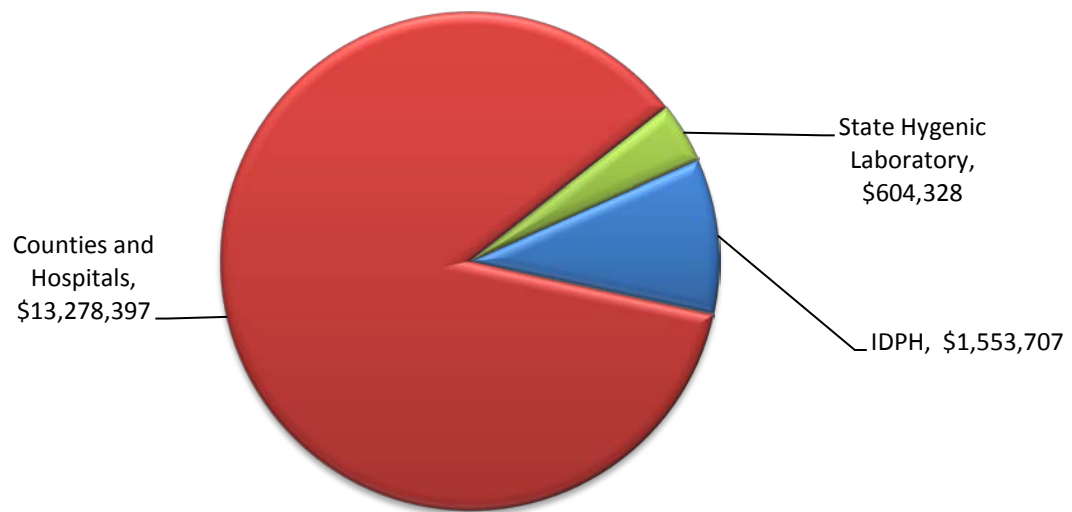
Click on the above image to view the 2009 H1N1 Influenza After Action Report and Improvement Plan.

Local public health agencies successfully filled identified gaps with training, software and equipment purchases. One weakness identified in many counties was the lack of an efficient method to schedule staff and volunteers for vaccine dispensing clinics and other events. Several agencies purchased software to provide a more efficient way to schedule human resources in emergencies.

**Fig. 5. 2009-2011 H1N1  
Influenza Response Funding**



**Fig. 6. 2009-2011 H1N1 Influenza Response  
Funding Distribution**



## LOCAL PUBLIC HEALTH AND HOSPITAL ACCOMPLISHMENTS

Local public health agencies, the Meskwaki Tribal Nation, hospitals, and IDPH documented their grant activities throughout the period in a workbook that included their workplan and quarterly progress reports. Local workplans included required activities as well as optional activities that agencies chose to work on throughout the grant period. Figures 7 through 10 below demonstrate the required and optional activities for local public health departments, the Meskwaki Tribal Nation and hospitals. Local public health departments completed the required activities and chose a minimum of two optional activities. The Meskwaki Tribal Nation completed all required activities and chose one optional activity. Hospitals completed required activities and chose at least one optional activity.

Each activity had an expected outcome measure and the local agency developed a plan for completing the activity. Local agencies also projected costs associated with manpower, supplies, equipment, or other resources needed for each activity. Completed workplans were reviewed by IDPH and approved or returned to the agency for revisions. Once approved, local agencies documented their progress and monthly expenses in the quarterly progress reports which were also reviewed by IDPH staff.

In FY2010-11, 98 of 99 local public health agencies, and 116 of 117 hospitals completed their initial workplan and quarterly progress reports. The Meskwaki Tribal Nation was offered a contract. IDPH and regional staff monitored progress throughout the grant year to ensure agencies completed required activities and reports on time.

*The activity descriptions in tables 1 through 4 have been abbreviated to conserve space in this report.*

### **Fig. 7. FY 10-11 Public Health Emergency Preparedness Activities**

98 of 99 agencies completed these required activities

Completed NIMS compliance packet and implemented and maintained 14 NIMS activities.
Participated in five operational drills to test preparedness plans. Drills included planning for special needs populations or those who represent them.
Attended a collective six hours of education and training for public health workers who respond to terrorist incidents or other public health emergencies.
Answered two Health Alert Network tests to measure and test the ability of local public health agency staff to confirm receipt within 30 minutes.
Responded to monthly 800 MHz radio tests.
Participated in a minimum of 2 county multidisciplinary meetings. The needs of at-risk populations were addressed in these meetings.
Conducted disease surveillance activities in accordance with state recommended resources utilizing the Iowa Disease Surveillance System.
Completed plan for completion, proposed budget, and quarterly progress reports.

**Fig. 8. FY 10-11 Public Health Emergency Preparedness Activities**

Local agencies completed these selected optional activities

<b>Number of Agencies</b>	<b>Activity Description</b>
<b>79</b>	Agencies provided updates to their Public Health Emergency Response Plan.
<b>59</b>	Agencies oriented new staff on current practices in disease surveillance, and current practices to prevent and control the spread of infectious, communicable, and environmental diseases.
<b>30</b>	Agencies developed and implemented an epidemiology improvement plan based on evaluation of disease investigation, prevention and control measures.
<b>28</b>	Agencies educated community partners on the agency's role in disease prevention and outbreak reporting. These agencies also established communication links to notify local providers and the public in the event of a disease outbreak in the community.
<b>8</b>	Agencies participated in Safeguard Iowa Partnership (SIP) initiative teams including but not limited to the Leaders Council, Initiative Teams and/or Chapters to develop and execute the strategic plan of the Partnership.
<b>15</b>	Agencies chose a write-in activity that advanced preparedness planning in their jurisdiction. Each write-in selective was approved by IDPH staff before the agency could direct funding toward that activity.

**Fig. 9. FY10-11 Hospital Preparedness Activities**

116 of 117 hospitals completed these required activities

Completed NIMS compliance packet and implemented and maintained 14 NIMS activities.
Hospitals identified how to respond to a surge of clinical services for at-risk populations such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.
Attended a collective 6 hours of education and training for healthcare workers who respond to terrorist incidents or other public health emergencies.
Participated in five operational drills to test preparedness plans. Drills included planning for special needs populations or those who represent them.
Answered two HAN tests to measure and test the ability of hospital staff to confirm receipt within 30 minutes. One alert tested the ability of hospitals to report bed capacity status. The other alert tested the ability for lab or infection control staff to respond within 30 minutes.
Responded to monthly 800 MHz radio tests
Developed communication redundancy plans.
Collaborated with local response partners to ensure facility level fatality management plans are integrated into local, jurisdictional and State plans for proper identification, handling and storage of the deceased during mass fatality events.
Identified imminent threats and refined plans for evacuation based on personnel, equipment and systems, planning and training needs to ensure safe and respectful movement of patients and the safety of facility healthcare workers and family members.
Participated in a minimum of two county multidisciplinary meetings. The needs of at-risk populations were addressed in these meetings.
Provided IDPH with requested data that is required federally.
Completed work plan and quarterly progress reports.

**Fig. 10. FY10-11 Hospital Preparedness Activities**

Hospitals completed these selected optional activities

<b>Number of Hospitals</b>	<b>Activity Description</b>
<b>39</b>	Hospitals chose to ensure the capability of providing decontamination to individuals with potential or actual contact with hazardous agents.
<b>38</b>	Hospitals chose to ensure that the strategies, policies, and preparedness plans needed to protect, prevent, and when necessary respond to threats of critical infrastructure and key resources are in place.
<b>30</b>	Hospitals chose to ensure adequate types and amounts of personal protective equipment to protect current and additional trained healthcare workers are on hand.
<b>22</b>	Hospitals chose to enhance policies and preparedness plans needed to provide for patient surge beyond day-to-day operations are in place.
<b>15</b>	Hospitals chose to continue to develop and improve Alternate Care Site plans and concept of operations for providing supplemental surge capacity to the healthcare system.
<b>0</b>	Hospitals chose to fund one dedicated line in the Telecommunications Service Priority program.

## EXERCISES AND EDUCATION

Turning workplan requirements and optional activities into real-life experience was done through exercises at the state, regional and local level.

In FY2010-11, all local public health agencies, hospitals and IDPH were required to conduct a series of five operational drills to test critical components of their preparedness plans. Agencies also had the opportunity to use their response to a real-world event such as a disease outbreak or a natural disaster to meet their exercise requirements.

All exercises completed had to meet the standards set forth by the Homeland Security Exercise and Evaluation Program (HSEEP). More information on SHEEP is available at <https://hseep.dhs.gov>.

**203**

*After Action Reports  
approved in 2011-2012*

At the conclusion of the exercises, comprehensive after action reports (AAR) were developed. These AARs summarized the exercises, provided timelines of events, and included improvement plans for identified deficiencies. Each AAR was reviewed by a CDOR staff member to ensure each exercise met the established requirements.

The coordination and delivery of education and training for preparedness partners in response to public health emergencies is a critical component of Iowa's preparedness program. One way IDPH is helping to meet local and regional educational goals is through the Learning Management System also known as the LMS.

### *Exercises and HSEEP*

Exercises play a crucial role in preparedness, providing opportunities for emergency responders and officials to practice and assess their collective capabilities.

The purpose of the Homeland Security Exercise and Evaluation Program (HSEEP) is to provide common exercise policy and program guidance that constitutes a national standard for exercises. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization. The program also provides tools to help exercise managers plan, conduct, and evaluate exercises to improve overall preparedness.

HSEEP reflects lessons learned and best practices from existing exercise programs and can be adapted to the full spectrum of hazardous scenarios and incidents (e.g., natural disasters, terrorism, and technological disasters). The [HSEEP reference volumes](#) integrate language and concepts from the National Response Plan (NRP), the National Incident Management System (NIMS), the National Preparedness Goal, the Universal Task List (UTL), the Target Capabilities List (TCL), existing exercise programs, and prevention and response protocols from all levels of government. In the spirit of NIMS, all efforts should be made to ensure consistent use of the terminology and processes described in HSEEP.



**THE LEARNING MANAGEMENT SYSTEM** is a software application for the administration, documentation, tracking and reporting of training programs, classroom and online events. This multi-layered system was established in 2003. IDPH has collaborated with the University of Iowa, Upper Midwest Center for Public Health Preparedness on the development and growth of the Prepare Iowa Learning Management System. This system, as well as the majority of training provided and offered through IDPH, is targeted for a multi-disciplinary audience. This system can be accessed from any Internet-enabled computer at [www.prepareiowa.com](http://www.prepareiowa.com).

### What is the LMS?

*The LMS is Iowa's multi-layered system for developing and delivering training. It is accessible at [www.prepareiowa.com](http://www.prepareiowa.com).*

During FY2010-11 a total of 5,570 individuals registered and completed online courses and 530 individuals attended classroom training. More than 10,000 individuals are currently registered with the system. Course registration, course material, evaluation, course completion, learner assessments and "performance management", such as, skill-gap analysis and multi-rater assessments (i.e., 360 degree reviews) are all components of this system. Courses that are offered or developed for online delivery have been identified through new initiatives and outcomes of exercises and/or actual incidents. The review of after action reports from exercises or actual incidents has been the primary method of identifying current education and training needs. The LMS can track all preparedness funded training, drills and exercises. The system can identify training gaps and priorities. The LMS is used to track local exercises, detail the subject matter of trainings, date of trainings, and the objectives of the training. In addition, the system is used to query the number and background of the individuals participating in exercises and training.

**5,750**  
*Individual LMS Course  
Completions*

Examples of training topics offered on the LMS and in classrooms are Incident Command System – ICS 100 for health care, Incident Command System – ICS 200 for health care, ICS 300 and 400, Hazmat for Hospitals, Iowa's Strategic National Stockpile Program, Personal Protective Equipment (PPE), Public Health Preparedness Novel Influenza A (H1N1) and Basic Public Information Officer.

Additionally, the Education Training Advisory Committee (EdTrAC), which is a multi-disciplinary group, is also utilized to identify training and education gaps. This group led by representatives of IDPH, Iowa Homeland Security and Emergency Management Division, the University of Iowa College of Public Health, and Iowa Department of Public Safety. The group meets quarterly.

During the FY2010-11, IDPH offered a variety of preparedness-focused training topics for regional staff and regional steering committee members during regional meetings and conferences. The training topics that were offered included Public Health Preparedness, Novel Influenza A (H1N1), Mental Health for First Responders, Medical Ethics, Hazard Vulnerability Assessments, Introduction to Continuity of Operations, Introduction to Emergency Support Functions, Health Alert Network, EOC Operations for Hospitals and Public Health, Iowa Statewide Emergency Registry of Volunteers (I-SERV), Public Health Emergency Response Teams (PHRT), and Regional Public Health and Hospital Preparedness Infrastructure.

**530**  
*Total Face to Face Course  
Attendees managed through  
the LMS*

## COMMUNICATIONS

### Iowa's Health Alert Network (HAN)

The Health Alert Network (HAN) is a web-based system managed by CDOR and IDPH's Bureau of Information Management. The HAN links Iowa's emergency response community and state government officials through a centralized information sharing and emergency notification system. The HAN is a redundant, robust system which allows for the alerting of public health, health care professionals, and other response partners for routine and emergent communications. The HAN links IDPH, local public health agencies, community health centers and hospitals to other organizations critical for preparedness and response: community first responders, private laboratories, Center for Disease Control (CDC), and other local, state and federal agencies. The HAN is a total communications package.

Several enhancements were made to the HAN in FY2010-11. One notable improvement: users are now able to reset their own passwords with the help of security questions. Also, the system allows sending attachments with e-mail alerts; sending alerts to non-HAN registered users under the new *list alerting* feature; increased capacity for alerts and document center storage using the new SharePoint collaboration system.

The HAN can be accessed from any computer with a connection to the Internet. The HAN portal is a secure, web-based communication system allowing for issuing issue alerts, partner collaboration, sharing documents, and posting announcements. Iowa's HAN was rolled out to users in the summer of 2004. Today, there are currently more than 2,500 users on the system with more multi-disciplinary partners requesting access.

The three types of access levels are 1) *alerting* which receive HAN alerts but have read-only access to the document library; 2) *collaborator* which receives alerts and has read-write access to the document library; and 3) *administrators* of the HAN system. IDPH administers the system with IT specialists and duty officers available 24/7.

Several radio systems are part of the entire communications network for use during public health disasters or emergencies. The radio system also serves as a redundant form of communications among local and state emergency response personnel in the event the HAN Internet Portal is inoperable. A total of 850 - 800 MHz radios are used by hospitals, local public health agencies, federally funded community health centers, the Mesquaki Tribal Nation and other state partners.

#### *HAN Quick Facts*

**5,961**

Number unique items in the HAN  
document library

**2,714**

Number of registered users on the  
HAN

## PUBLIC INFORMATION

While the Health Alert Network's aim is to keep our federal, state, and local partners informed of health emergencies, IDPH risk communication and public information staff develop messaging that keeps individual Iowans informed and helps them make decisions about their health, safety and welfare during and after an emergency. IDPH depends on not only the media, but also local partners to deliver these messages to Iowans.

Local public health agencies, community health centers and hospitals around the state are most familiar with the needs of the people who live and work in their jurisdictions. They also have the ability to deliver messages that, while consistent with those developed and delivered by IDPH, will contain community-specific details, such as locations of mass vaccination or prophylaxis clinics, and programs and services unique to the area.



CDOR provides the Federal Emergency Management Agency's Basic Public Information Officer (PIO) training to local public health agencies, hospitals and other local partners. The course's emphasis is on

the basic skills and knowledge needed for public information activities in an emergency. Topics include the role of the PIO in emergency management, conducting awareness campaigns, writing news releases, and conducting television interviews. CDOR also provides the CDC's Crisis and Emergency Risk Communications course. This course stresses the need for timeliness, accuracy, and credibility in health messages during an emergency by adhering to the basic tenets of the program: *Be First*, *Be Right*, and *Be Credible*.

A relative newcomer to the emergency public information scene is Social Media. In FY2010-11, IDPH encouraged local partners to develop social media sites like Facebook, Twitter and YouTube. Public health agencies were given the opportunity to test their ability to disseminate a message through social media to meet part of their exercise requirements. Beginning in November, 2010, CDOR conducted introductory social media training to each hospital and public health regional steering committee. IDPH, as well as many of the hospitals and public health agencies in Iowa are using social media to engage community residents and stakeholders.

86

Number of press  
releases issued by  
IDPH in  
FY2010-11

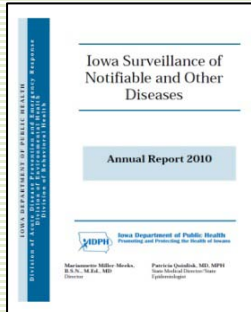
690

Number of media  
inquiries in  
FY2010-11

## SURVEILLANCE

Surveillance of notifiable health conditions is essential in establishing what, how, and when events impact the public's health. Multiple IDPH divisions and bureaus are dedicated to accomplishing the goals of surveillance.

In FY2010-11, five regional epidemiologists employed by IDPH worked directly to assist local public health departments and hospitals in disease investigations and statistical analysis of outbreaks. Epidemiologists also participated in local planning processes to develop educational initiatives for infectious diseases, public health emergencies, and bio-terrorism acts. Epidemiologists attended each monthly regional steering committee.



*Click the report image above to view the Center for Acute Disease Epidemiology annual report for 2010.*

These epidemiologists also developed and provided informational and educational programs, trainings, and conferences for public health partners not only within their assigned region, but statewide as well.

Also in FY2010-11, more than 60,000 laboratory results of infectious disease and conditions were submitted to IDPH disease surveillance programs. IDPH also investigates conditions related to lead, occupational, and environmental hazards like carbon monoxide. Approximately 100,000 blood lead test results were reported to IDPH in FY2010-11. Crucial partners contributing to the surveillance and reduction of disease include the State Hygienic Laboratory (SHL) at the University of Iowa, local public health agencies, and health professionals.

More information on IDPH's surveillance program can be found on the Center for Acute Disease Epidemiology's web site: <http://www.idph.state.ia.us/Cade/Default.aspx>

## STOCKPILES

When our surveillance systems detect an infectious disease outbreak, Iowa may require rapid access to large quantities of pharmaceuticals and medical supplies to mitigate the effects of the outbreak. During events of national significance, IDPH has access to the Strategic National Stockpile (SNS)

The Strategic National Stockpile (SNS) is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories.



CDC's Strategic National Stockpile has large quantities of pharmaceutical and medical supplies to protect the American public if there is a public health emergency severe enough to cause local supplies to run out. Once federal, state, and local authorities agree that the SNS is needed, countermeasures will be delivered to a central point in Iowa within 12 hours.

### *Important Information About the SNS in Iowa*

- **The medicine in the SNS is FREE for everyone.**
- **The SNS has stockpiled enough medicine to protect people in several large cities at the same time.**
- **Federal, state and local community planners are working together to ensure that the SNS medicines will be delivered to the affected area as quickly as possible.**

IDPH, in collaboration with state, local, and private agencies and organizations, has developed plans and procedures to quickly receive and distribute SNS medicine and medical supplies to local communities as quickly as possible. These plans outline the receipt, staging, storage, allocation, and distribution of medical countermeasures in the state.

In July 2011, SNS federal project officers conducted an in-depth review of the SNS program in Iowa. Federal officials reviewed all areas of the program to include planning, public information and risk communications, distribution plans, dispensing, security, warehousing and training and exercises. Iowa scored 98 out of a possible 100 percent overall. Prior to 2011, the last review was conducted in 2009 in which Iowa received a score of 95 percent.

In addition to the federal assets available to Iowa, the state has purchased its own stockpile of countermeasures, mainly in the form of antiviral medications. The stockpile also includes personal protective equipment like N95 face mask respirators and latex gloves, response equipment including epidemiology response kits and environmental health response kits and equipment to support Iowa's public health response teams.





## CHEMPACK

Similar to the SNS program, CHEMPACK is a national program funded by the CDC. CHEMPACK is a first responder asset that provides antidotes for individuals exposed to intentional nerve agent attacks and large-scale organophosphate (pesticide) poisonings. The purpose of CHEMPACK is to implement a nationwide program for the “forward” placement of nerve agent antidotes and to provide state and local governments a sustainable resource that increases their capability to respond quickly to a nerve agent event.



Following the terrorist attacks of September 11, 2001 and the subsequent delivery of anthrax-laced letters to government offices and private businesses, America undertook efforts to become better prepared to respond to large scale incidents. One area that most states were not adequately prepared for was an intentional or unintentional release of a chemical nerve agent affecting a large number of people. While military grade chemical nerve agents do not pose a hazard for most of the population, there are large quantities of organophosphates and carbamate insecticides that have the potential to sicken a large number of individuals if released.

The CHEMPACK assets are rapidly available to state and local emergency responders and health care providers in the event of a large-scale release of a chemical nerve agent. Currently there are 19 CHEMPACK containers strategically located throughout the state. Each CHEMPACK container is supplied with an adequate amount of antidote agents to treat approximately 300 patients who may have been exposed to a chemical agent. The antidote kits supplied in the CHEMPACK containers are packaged in such a way that they can be delivered to the scene of a release quickly.

In FY2010-11, CDOR staff, CDC partners, and staff representing agencies where the containers are housed, conducted an on-site inspection of each CHEMPAK site in Iowa. Contents of the containers were evaluated and restocked, and replaced if near their expiration date. IDPH and CDC also conducted training at each site and disseminated updated CHEMPAK information.

## IOWA'S PUBLIC HEALTH RESPONSE TEAMS



Iowa's Public Health Response teams (PHRT) assist local partners across Iowa in responding to public health emergencies. These include severe weather events, disease outbreaks, or large-scale disasters. PHRT members are volunteers from health care institutions, local public health agencies, environmental health agencies, county medical examiner's offices, private industry, Office of the State Medical Examiner, and IDPH staff. Iowa's volunteer response partners have been an important part of the public health response system since the first team was established in 2003.

The PHRTs are designed to assist and supplement local resources in the event of a natural/man-made disaster or terrorist incident. IDPH in partnership with governmental and private organizations is continually working to enhance these teams to assist in relieving personal suffering from illness and injury during a disaster, infectious disease outbreak, or terrorist incident that overwhelms local resources.

In FY2010-11, three PHRTs were operating in Iowa. They are the Disaster Medical Assistance Teams (DMAT), the Environmental Health Response Team (EHRT), and the Logistical Support Response Team (LSRT). IDPH continues to develop the Iowa Mortuary Operations Response Team (IMORT). Each of these teams has their own distinct function:

- The DMAT teams (located in Des Moines, Sioux City, Iowa City and Dubuque) were comprised of approximately 250 volunteer health care practitioners: physicians, physician assistants, advanced nurse practitioners, registered nurses, paramedics, pharmacists and pharmacy technicians as well as respiratory therapist and respiratory technicians. Additionally, several administrative and logistical staff members provided support to the DMATs. The DMAT's supplement and support disrupted overburdened local medical and public health personnel and resources. Teams can deploy within the first few hours after an incident to cover the initial 24-72 hours prior to arrival of federal assistance.
- The EHRT was comprised of approximately 20 volunteers representing local environmental health practitioners as well as state employees who possess expertise in their respective environmental areas. This team can provide technical assistance, regulatory enforcement, investigation and inspection services, assessment of hazards, and provide problem solving solutions to areas such as private water supplies, private waste water treatment, vector control, food safety, and other common environmental health programs. The EHRT can be mobilized on short notice to respond to in-state emergencies.
- The LSRT was comprised of approximately 30 volunteers representing public/private partnerships. This team provides logistical support to all public health response efforts. This team provides assistance such as transportation of IDPH's Mobile Health Care Facility (MHCF) and supplies to a scene, setup of a base of operations (to include the MHCF), supervise operation of the mechanical equipment included with the MHCF and all other logistical issues that present themselves. The LSRT can be mobilized on short notice to respond to in-state emergencies.





- The IMORT will provide identification services and care for decedents from mass fatality incidents in Iowa. In addition, the IMORT will provide support services related to the return of remains to families following a mass fatality. The IMORT will continue to solidify policies/procedures as well as recruit members, educate, exercise and purchase equipment. The intent of the IMORT is to be mobilized on short notice to respond to in-state emergencies.

IDPH's Center for Disaster Operations and Response (CDOR) maintains a Mobile Health Care Facility (MHCF) consisting of nine modular shelters. These shelters use a lightweight aluminum frame with a heavy duty insulated vinyl roof and sides, and hard plastic flooring. The facility can be deployed year-round. Each shelter includes all necessary electrical, plumbing, and climate control systems. IDPH maintains nine separate shelters in two different sizes: 20 foot octagon and 19 foot by 35 foot (both pictured on previous page). The shelters and associated equipment are stored in separate trailers to facilitate quick deployment to separate incidents or to a single incident anywhere in the state.

IDPH also maintains two DMAT operations trailers and one support trailer. The MHCF, in conjunction with the DMATs, can provide triage, basic primary and trauma care. DMAT members provide the initial staffing. For a prolonged incident, the state will look to local and federal partners for staffing assistance. IDPH will provide initial supplies through state-owned reserve supplies and then call upon local and federal partners for additional resources. The complete system will house 50-70 patients (depending on the level of care required). The basic premise behind the MHCF system is to be self-sustaining for 72 hours.

In order to assist team leaders and the PHRT coordinator in planning training sessions and deployments, individual PHRT team members are required to register on I-SERV; the Iowa Statewide Registry of Volunteers.

## *How PHRT Resources Are Requested?*

When local public health or hospital resources are overwhelmed and additional resources are required, local officials initiate a request through the county emergency management agency (EMA) for assistance. The EMA ensures local resources are exhausted before forwarding the request to the state Homeland Security and Emergency Management Division. The division logs the request in a statewide tracking system and forwards the request to IDPH, which determines the on-call team and coordinates the deployment. This coordination and response can take place in a matter of minutes.

## IOWA STATEWIDE EMERGENCY REGISTRY OF VOLUNTEERS

The IDPH Division of Acute Disease Prevention and Emergency Response takes the lead role in development and implementation of Iowa's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system. In the state of Iowa, ESAR-VHP has been renamed the Iowa Statewide Emergency Registry of Volunteers (I-SERV).

I-SERV is part of a federal effort to ensure each state has a database of volunteer health professionals for use during and following disasters. Every medical volunteer registered on the system has professional credentials verified through links with state and national licensing boards. Data from the I-SERV registry may be requested by local, state or federal agencies.

I-SERV is a centralized statewide database of volunteers. The primary function of I-SERV is to maintain a list of healthcare and healthcare associated professionals that can be available to overwhelmed healthcare and public health systems in Iowa and nationally. Non-healthcare volunteers are welcome to register as well.

During a public health emergency or an unexpected healthcare surge crisis, a request for volunteer health professionals is coordinated through the local emergency manager. Local resources should be exhausted or pending exhaustion before a request for I-SERV volunteers occurs.

In FY2010-11, the IDPH I-SERV Coordinator and CDOR developed plans, processes and procedures for the request and utilization of volunteers from the database; developed plans for regular testing of the I-SERV system through drills and exercises; and developed a plan for reporting system performance and capabilities.

In addition, the IDPH Public Health Response team (PHRT) Coordinator/Medical Reserve Corps (MRC) State Coordinator established a mechanism to register and track response team members and MRC members on the I-SERV system. As of August 1, 2011, I-SERV had 1,210 volunteers registered.

Volunteer health professionals interested in I-SERV can register at <http://www.idph.state.ia.us/CDOR/ISERV.aspx> by clicking on *I-SERV Registration and Login* and providing the requested information. I-SERV registrants may also be interested in volunteering with the nearest Medical Reserve Corps unit.



### Who should register?

- Physicians
- Psychologists
- Physician Assistants
- Licensed Social Workers
- Advanced Practice Registered Nurses
- Mental Health Counselors
- Registered Nurses
- Radiological Technicians
- Pharmacists
- Radiological Technologists
- Pharmacy Technicians
- Respiratory Therapists
- Medical and Clinical Lab Technicians
- Marriage and Family Therapists
- Medical and Clinical Lab Technologists
- Veterinarians
- Licensed Practical Nurses
- Cardiovascular Technologists and Technicians
- Licensed Vocational Nurses
- Diagnostic Medical Sonographers
- Dentists
- EMS Providers
- Lay and Non-Healthcare Medical Records and Health Information Technicians

## MEDICAL RESERVE CORPS

The Medical Reserve Corps (MRC) is a partner program of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. Citizen Corps, along with the Corporation for National and Community Service, and the Peace Corps are all part of the President's USA Freedom Corps, which promotes volunteerism and service throughout the nation. There are 15 established MRCs in Iowa.

MRC units are community-based and function as a way to locally organize and utilize volunteers—medical professionals and others—who want to donate time and expertise to promote healthy living throughout the year and to prepare for and respond to emergencies. MRC volunteers supplement existing local emergency and public health resources.

MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, and epidemiologists. Other community members, such as interpreters, chaplains, office workers and legal advisors, can fill other vital support positions.

MRCs help bolster public health and emergency response infrastructures by:

- Providing supplemental personnel;
- Enabling communities to meet specific health needs;
- Allowing the local community more autonomy; meaning local governments are not as reliant on state and national resources in an emergency;
- Giving community members the opportunity to participate in developing strategies to make communities healthier and safer;
- Providing a mechanism for information sharing and coordination between all partner organizations;
- Providing a dialogue between emergency management and public health agencies; and
- Allow for national recognition of local public health and emergency response efforts.

People interested in volunteering with their local MRC should go to <http://medicalreservecorps.gov/FindMRC> to find the nearest MRC unit's contact information. Those interested can also register for I-SERV at <http://www.idph.state.ia.us/CDOR/ISERV.aspx> by clicking on *I-SERV Registration and Login* and providing the requested information.

### What Can MRC Volunteers Do?

**Support** local public health, while advancing the priorities of the U.S. Surgeon General: • Promoting disease prevention • Improving health literacy • Eliminating health disparities • Enhancing public health preparedness

**Assist** local hospitals and health departments with surge personnel needs.

**Participate** in mass prophylaxis and vaccination exercises and community disaster drills.

**Train** with local emergency response partners.



**Medical Reserve Corps**  
Volunteers Building Strong, Healthy, and Prepared Communities

## IOWA STATEWIDE POISON CONTROL CENTER

*Partner in Preparedness*



The Iowa Statewide Poison Control Center (ISPCC) has been an active participant in preparedness planning in Iowa since 2002.

The mission of the ISPCC is to reduce illness, deaths and costs associated with poisoning through providing statewide 24-hour emergency telephone advice, poison prevention information and education. Each day the Iowa Statewide Poison Control Center fields more than 200 calls providing fast, accurate and free information and treatment recommendations for people who may have been

poisoned by anything from prescription drugs to cosmetics, pesticides and alcohol.

Because the center manages more than 70 percent of their cases over the phone, unnecessary emergency room visits, ambulance trips, or visits to the family doctor are often avoided. That saves time, money, and medical resources.

**57,696**  
Number of calls received by  
ISPCC in FY2010-11

During FY2010-11, the ISPCC tested their disaster planning by conducting several internal exercises, including two full scale exercises. ISPCC conducted a full-scale evacuation exercise in FY2010-11. The poison center was evacuated because of a simulated natural gas explosion near its location. The poison center was relocated to the backup location and staff was able to begin taking calls once operations were established. Callers to the

backup location included Spanish and Korean speakers which tested the ISPCC's ability to work with non-English speakers and special and at-risk populations.



Every ISPCC staff member has been trained in the National Incident Management System (IS- 700) and basic Incident Command System (IS-100). Several staff members have also been trained in advanced Incident Command, basic and advanced Public Information Officer (PIO), and Homeland Security Exercise and Evaluation Program (HSEEP).

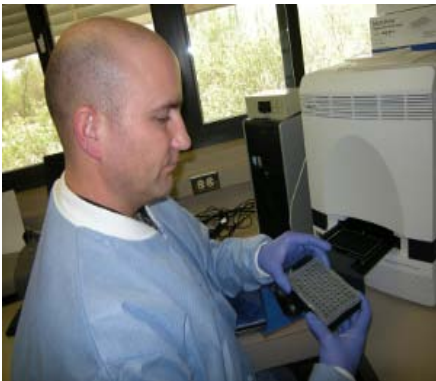
More information on the ISPCC can be found at [www.iowapoison.org](http://www.iowapoison.org).

## STATE HYGIENIC LABORATORY

### *Partner in Preparedness*

The State Hygienic Laboratory (SHL) serves as the environmental and public health laboratory for the state of Iowa with a history that dates back more than 106 years. Since 2001, the SHL has benefited from preparedness funding from the CDC and HHS.

In October 2001, SHL collaborated with CDC and other public health officials to create a national Laboratory Response Network (LRN). The LRN has proven effective, and is a testament to the hygienic lab's cooperation and success in emergency preparedness. Along with their partner agencies, SHL has established a structure to provide rapid and effective laboratory services in case of a disaster or public health emergency.



Service, education and research are the primary tenets of the SHL. The lab educates its environmental and public health partners about the presence of infectious diseases and how to prevent them from spreading throughout the population. The laboratory teaches laboratorians throughout Iowa how to prepare for maladies such as pandemic influenza and also test for harmful agents used in biological and chemical terrorism.

New to the educational lineup in FY2010-11 was a series of web-based courses presented in collaboration with the Upper Midwest Center for Public Health Preparedness at the University of Iowa. Other courses included two new online training exercises for sentinel laboratorians in the recognition of suspicious organisms. A virtual exercise on packaging and shipping of specimens by the sentinel laboratories in the case of an unknown chemical release was also a successful activity. Through the Learning Management System ([www.prepareiowa.com](http://www.prepareiowa.com)), three interactive classes led participants through the basics of the public health laboratory system, and proper handling of agents of bioterrorism. Laboratory training went on the road again in 2010 across Iowa with the Fall Forum, which teaches preparedness issues related to testing for diseases and other unknown substances. In addition, throughout the year SHL collaborates with the 71<sup>st</sup> Civil Support Team and Iowa's 20 Hazmat teams to conduct exercises and trainings.

Laboratory staff also present the *Bioterrorism Preparedness Wet Workshop* to give responsible persons experience in handling specimens, and collection and transport protocols. Many of the courses are conducted in collaboration with other state and local agencies. IDPH and SHL teamed up for an annual influenza update for health care professionals, laboratory scientists, and school and childcare workers.

In FY2010-11, SHL responded to outbreaks of pertussis, measles, and several foodborne incidents. Additionally, SHL participated in several drills and exercises at the state and national level. Emergency response requires the action of an interactive laboratory network of the state public health lab, clinical laboratories, other state agency partners, and the CDC. The systems need to be in place and functioning to be used in an outbreak or epidemic. Epidemic response relies on what is in place for day to day operations. More information on SHL can be found at [www.shl.uiowa.edu](http://www.shl.uiowa.edu).

## SAFEGUARD IOWA PARTNERSHIP

### *Private Sector Integration*

Another preparedness partner is the Safeguard Iowa Partnership.



Established in 2007, SIP is well organized, broadly supported and recognized as a national model for public-private partnership. The five SIP initiative teams meet regularly and are working on initiatives related to a business resource registry, business participation in state and local emergency operations centers (EOCs), information sharing strategies for government and business, and business partnerships with state and local public health for programs such as the Strategic National Stockpile and the state Logistical Support Response Team.

Currently, IDPH through SIP has established memorandums of understanding (MOU) with private companies for the sharing of facilities and personnel during a public health emergency or disaster. In addition, MOUs are in place for the receipt and distribution of state and federal medical assets during an emergency. The Partnership has adopted and utilizes the Health Alert Network to activate the trained SIP-EOC liaisons.

Having private sector representation in the state emergency operations center or IDPH's emergency coordination center has proven to be quite valuable during incidents such as the floods of 2008, 2010, and 2011, and the 2009 H1N1 outbreak. The Partnership was activated to assist during the 2008 floods to share information with the private sector and most importantly to coordinate donated resources from the business community. Many lessons learned from this first activation led to changes in policies and procedures.

The updated policies and procedures were exercised during the H1N1 outbreak in 2009 and 2010 when the Partnership was called to serve in IDPH's emergency coordination. This partnership proved to be valuable as it provided current and critical information from subject matter experts to the business community. Information sharing is often a challenge for any organization during a disaster.

Safeguard Iowa responded to the 2010 floods assisting local hospitals with their response to the flooding. Through SIP's coordination, the Wal-Mart Foundation generously donated bottled water to a central Iowa hospital whose potable water supply was contaminated by flooding. SIP also coordinated with Des Moines Water Works to provide a pump to a southern Iowa hospital that also lost service due to flooding.

Safeguard Iowa responded to the 2011 western Iowa floods participating in state briefings, distributing situational awareness information and collecting business damage information to support the State's request for FEMA individual assistance for Iowans impacted by the Missouri River floods.

SIP will continue to strengthen the capacity of the state to prevent, prepare for, respond to, and recover from disasters through public-private collaboration and ensure safe, resilient communities for the residents and businesses of Iowa.

More information on SIP can be found at [www.safeguardiowa.org](http://www.safeguardiowa.org).



## CONCLUSION

The accomplishments outlined in the preceding report are the direct result of nearly ten years of planning, training, exercising for and responding to real-world events in Iowa. Each local public health agency and hospital in Iowa shares in these planning efforts. Also deserving of credit for these undertakings are the countless other federal, state, and local partners, as well as private sector partners and academia. And while federal grant funding continues to dwindle, IDPH's mission and responsibilities remain the same: promoting and protecting the health of Iowans.



**CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning can be viewed by clicking on the report image above.**

One of the nation's key preparedness challenges has been determining appropriate state and local public health preparedness priorities. To address this challenge, CDC developed the FY2011-12 PHEP grant based on 15 capabilities. These capabilities serve as national public health preparedness standards. These capabilities will be the standard for the public health preparedness programs from 2011 to 2016.

In FY2012-13, the Hospital Preparedness Program is slated to align with the Public Health Emergency Preparedness Program and transition to a capabilities-based grant. This will undoubtedly improve collaboration and planning efforts at the local level and further bring public health and hospital preparedness planners to the same table more often.

In FY2011-12, CDOR realigned staff responsibilities. Previously, one representative from CDOR attended each of the six monthly regional steering committee meetings, reviewed each workplan and progress report, and provided technical assistance to each of Iowa's 99 county health departments and 117 hospitals. Now, three program planners are assigned two planning regions each and are responsible for attending monthly regional steering committee meetings, reviewing workplans, progress reports, after action reports, and providing technical assistance to local partners. This change will allow for individualized service and technical support to our customers.



**Fig. A1. IDPH FY2010-11 Preparedness Staff**

<b>Name</b>	<b>Position</b>
Mary Jones, BSEMS, MA	ADPER & Deputy Director
Patty Quinlisk, M.D.	IDPH Medical Director
Ann Garvey, DVM	State Public Health Veterinarian and Deputy State Epidemiologist
Rebecca Curtiss	CDOR Chief
Jane Barker	Administrative Assistant
Tom Boeckmann	HAN Chief
Alex Carfrae	Risk Communications
Kari Catron	Grants Manager
Clark Christensen	Logistics / DMAT Officer
Sharon Cook	Education and Exercise Coordinator
John Hallman	Fiscal Coordinator
Sandra Lyles	LMS Coordinator
Mike Manahl	Antiviral Program Coordinator
Steve Mercer	Operations / SNS Officer
Linda Pike	HAN MOU Manager
Diane Williams	Grants Coordinator
<b>IDPH Regional Epidemiologists</b>	
<b>Name</b>	<b>Assigned Region</b>
Chris Galeazzi	Region 1 & 5 Epidemiologist
Matt Hobson	Region 2 Epidemiologist
Rob Ramaekers	Region 3 & 4 Epidemiologist
Denyse Gipple	Region 6 Epidemiologist

**Fig. A2. FY2010-11 Regional Preparedness Staff**

<b>Name</b>	<b>Position</b>
Kristy Reedy	Region 1 Regional Coordinator
Linda Stoll	Region 1 Education and Exercise Planner
Elizabeth Faber	Region 2 Public Health Planner and Education and Exercise Coordinator
Carl Vogeler	Region 2 Hospital Planner
John Carter	Region 2 Hospital Education and Exercise Coordinator
Leann Orr	Region 3 Public Health Planner
Mary Chwirka	Region 3 Hospital Planner
Brent Harmeier	Region 3 Education and Exercise Coordinator
Jo Lightner	Region 4 Public Health Planner
Vernon Schwarte	Region 4 Hospital Planner
Adam Hoffman	Region 4 Education and Exercise Coordinator
Teresa Higginbotham	Region 5 Public Health Planner
Jeffry Gauthier	Region 5 Hospital Planner
R.D. Keep	Region 5 Education and Exercise Coordinator
Bethaney Conklin	Region 6 Public Health Planner
Terry Davis	Region 6 Hospital Planner
John Carter	Region 6 Education and Exercise Coordinator
Robyn Reese	Region 6 PH Education and Exercise Coordinator

*This table is color-coded to the map in Appendix C.*

**Fig. A3. Iowa's Public Health and Hospital Preparedness Planning Regions**

